Recommendation of Fifth Central Pay Commission

54. SHRI SHARIEF-UD-DIN SHARIQ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the recommendation of Fifth Central Pay Commission regarding assured career progression of ISM&H Physicians at par with General Duty Medical Officers has been accepted by Government and promotions given to the eligible Physicians in the Department of ISM&H and DGHS;

(b) if so, since when;

(c) whether these benefits have been extended to research councils under the Department of ISM&H as per their bye law Nos. 44 and 47; and

(d) if not, the reasons therefor any by when will Government extend the benefit of such ACP to the Officers of these research councils and since when it will be made effective?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The recommendation of the Fifth Central Pay Commission for giving time bound promotion to ISM & H Physicians has already been implemented.

(c) and (d) The recommendations do not automatically extend to Research Council. Proposals for extending the benefit are to be made by the Councils for approval of Competent Authority including Department of Expenditure.

Mortality rate

†55. SHRI BRATIN SENGUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the mortality rate registered per year in the rural as well as urban areas in India vis-a-vis in the other countries of the World in respect of pregnant women and infants during delivery;

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†Original notice of the question was received in Hindi.

(b) whether the loss of human lives has to be witnessed for want of appropriate resources or of negligence; and

(c) the steps takeivfcroposed to be taken to check the deaths during delivery as well as those of the infants?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) Reliable estimates of mortality rate of pregnant women during delivery and infant deaths are not available. The data with regard to maternal mortality ratio and infant mortality rates which available are given below:—

Maternal Mortality Ratio

As per National Family Health Survey (NFHS) (1998-99) the maternal mortality rate is as under:

Urban	Rural	Total
267	619	540

Infant Mortality Rate by urban-rural break-up (as per SRS) is as under:—

Year	Urban	Rural	Total
1998	45	77	72
1999	44	75	70

Pre-natal mortality rates by urban-rural break-up (as per SRS) is as under:—

Year	Urban	Rural	Total
1998	29	45	42

The information of other countries showing maternal mortality ratio and infant mortality rate is given in the attached Statement. *(See* below)

(b) and (c) Maternal and Child Health Services are an integral part of the Reproductive and Child Health (RCH) Programme which is being implemented in all States and Union Territories of the country since 1997. The programme aims at improving the health status of women and children and bringing down the infant, child and maternal mortality and morbidity.

Various interventions under the RCH Programme for improving maternal and child health are being implemented in all districts of the country. The interventions for children include Immunization against six vaccine preventable diseases, control of deaths due to diarrhoea and Acute Respiratory Infections, Prophylaxis for Vitamin A deficiency, Iron deficiency anemia and Essential Newborn Care. For the mothers the interventions include Essential Obstetric Care; Emergency Obstetric care; provision of referral transport through Panchayats and provision of drugs and equipment at first referral units.

In order to improve delivery of these services in districts which are remote and have low demographic indicators, contractual staff in the form of additional ANMs, Staff Nurses and laboratory technicians are being funded schemes like 24 hours delivery services at selected primary health centres and community health centres; hiring of doctors for providing essential obstetric care and MTP services at PHCs and hiring of anesthetists for assisting emergency operations on women with maternal complications has been undertaken.

In order to improve safe delivery practices, a Dai training programme is being undertaken in 142 districts in 17 States where safe delivery rate is less than 30 percent. A scheme for strengthening the outreach of Immunization and ante-natal services is being implemented in 50 districts of 8 weak States. For making services available at PHCs in remote areas, a scheme for holding Reproductive and Child Health camps is also being implemented in 102 weak districts in 17 States.

Statement

Maternal Mortality and Infant Mortality Rate in neighbouring countries and other countries

Country name	MMR	IMR
Bangladesh	440	79
Nepal Sri	540	83
Lanka	60	18
Zimbabwe	400	69

Country name	MMR	IMR
China	65	41
Thailand	44	29
Kenya	590	66
United Kingdom	7	7
United States of America	8	7

MMR — Maternal deaths per 100,000 live births
IMR — Death of Infants (0-1 year) per 1000 live births
Source: The State of World Population 2000 UNFPA

Increase in foeticide cases

†56. SHRI BALKAVI BAIRAGI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that foeticide cases are increasing day by day in the country;

(b) if so, the number of cases which have come to the notice of Government; and

(c) the details of the action taken by Government to check such type of brutal crime?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) As per the information provided by National Crime Record Bureau (NCRB), the number of foeticide cases reported were 57,62,61 & 90 in the years 1997, 1998, 1999 and 2000 respectively. A Statement giving State/UT-wise incidence of foeticide for the last four years is enclosed. *(See*-below)

(c) The pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 banning disclosure of sex of foetus has been enacted and is operational in all States and UTs except J&K. The responsibility for implementation of the Act rests largely with the States/Union Territories.

The States/UTs have been advised to mount an effective awareness campaign to make the public and service providers aware of the

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